

## Introduction

Rev. 7/21/05

As a Ladies First program provider you must be enrolled and certified. If you are required to be licensed in your state you must attach a copy of your license. If your state does not require a license or certification for the service you provide, certification will be verified through the EDS office.

Please find enclosed your Provider Agreement.

Please complete ALL of the data sheets in Attachment B. These sheets must be completed and the agreement (on page 2) must be signed and dated in order for your agreement with the Department to be considered in effect.

EDS/Ladies First USE ONLY

Date Sent:

Date Received:

## **ATTACHMENT A**

### **CONDITIONS OF PROVIDER PARTICIPATION**

I agree that this practice will meet the following Ladies First program requirements:

- Provide eligible women with Ladies First program information and advise them to call 1-800-508-2222 for program enrollment.
- Provide clinical services in accordance with the Ladies First Clinical Manual.
- Process claims in accordance with the Ladies First Resource (billing) Manual (using the most current fee schedule).
- Complete the Ladies First Screening card or cards and return within 10 days of the screening.
- Inform Ladies First patients of all normal as well as abnormal test results.
- Notify the Ladies First program within 10 days of result (at 1-800-510-2282), of all women with a breast or cervical cancer diagnosis or cardiovascular disease risk factor alert value(s) as defined in the Ladies First screening protocols. This notification allows the Ladies First program to provide timely case management as well as the ability to initiate fiscal assistance under the Medicaid Treatment Act (for qualifying members).
- Document at least three attempts to contact patient to complete follow-up of abnormal findings before designating the patient as "lost to follow-up," including two attempts by phone and one attempt by mail.
- Provide treatment or referral to a Ladies First provider for women with alert values or cancer diagnosis as outlined in the Ladies First Clinical Manual.
- Document refusal of diagnostic or treatment services in writing to the Ladies First program.
- Submit bills in a timely manner with accompanying CPT codes (outlined in the current Ladies First fee schedule). Insurance must be billed first and Ladies First bills should be held until payment is received. Ladies First will only be billed the difference between the usual and customary charges and the amount paid by other parties. The patient will not be billed.
- Program fees are based on the Medicare Part B reimbursement schedule. The provider agrees to accept payment of allowable costs as payment in full and not bill the patient. However, the provider agrees to show the usual and customary charges on the bill so the difference can be computed as a program match.
- Cost associated with computer assisted diagnosis procedures for mammograms will be written off. The patient shall not be billed. In the event the program is able to acquire funds to cover this procedure, providers will be reimbursed at the Medicare Part B rate, which shall be accepted as full payment. If the patient has insurance that pays up to or over the Medicare Part B rate (noted above), the provider shall accept as payment in full.
- The Ladies First program supports costs associated with screening services\* and cannot pay for treatment. Providers must agree to assist patients with affordable medical care for treatment and provide case management when appropriate. The Ladies First program can assist with case management services for patients with alert values as outlined in the Ladies First Screening Protocols. Ladies First also assists breast and cervical cancer patients to access services under the Medicaid Treatment Act.

- The confidentiality of any health care information acquired by or provided to the independent contractor shall be maintained in compliance with any applicable state and federal laws or regulations.

*\* For CVD screening Ladies First can only pay for one screening and one follow-up visit for women 40 or older.*

## **Breast & Cervical Services**

- Provide pelvic examination, Pap smear, clinical breast examination, and instruction in breast self-examination. Provide referral for screening or diagnostic mammogram.
- Refer Ladies First patients only to a MQSA approved mammography facility that agrees to accept the Medicare Part B rate as payment in full. All mammography facilities must report to the Vermont Mammography Registry and use the American College of Radiology assessment system.
- Send Pap smears only to a CLIA-approved laboratory that uses the most current Bethesda classification system, and agrees to accept the Medicare Part B rate as payment in full.
- Deliver clinical follow-up care based on best clinical practice in conjunction with the ASCCP Cervical Guidelines and Breast Diagnostic Algorithm for Primary Care Physicians from the California Department of Health Services.

**Do you want to be a Breast & Cervical Cancer screening provider?** ☐ YES ☐ NO

## **Cardiovascular Disease Services**

- Provide cardiovascular disease risk factor screening, including: two blood pressures per visit, cholesterol test, and measurement of height, weight, and BMI. Also provide screening for lifestyle risk factors including tobacco use, eating patterns and physical activity habits.
- Send blood cholesterol and blood glucose only to a CLIA-approved laboratory that agrees to accept the Medicare Part B rate as payment in full.
- Deliver or refer to a Ladies First provider for treatment and clinical follow-up care recommended by the ATP-III for cholesterol and JNC-VII for hypertension guidelines, including drug therapy and periodic re-evaluation and re-administration of diagnostic tests.

**Do you want to be a CVD screening provider?** ☐ YES ☐ NO

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**\*\* PLEASE ATTACH A COPY OF YOUR CURRENT LICENSE \*\***

## CONDITIONS OF LABORATORY PARTICIPATION

I agree that this facility will meet the following Ladies First program requirements:

- Pathology services are provided by a board certified pathologist; cytology services are provided by certified cytotechnologists.
- The laboratory meets the federal Clinical Laboratories Improvement Amendments (CLIA) of 1988 requirements. Accreditation by the College of American pathologists is strongly recommended.
- The most current Bethesda system is used for reporting cervical/vaginal cytological findings.
- The results of Pap smears and blood work results must be returned to the referring provider and to the Ladies First Program within thirty 30 days from the date of service.
- Other third party claims must be filed before billing the Program.\* Ladies First will pay only the difference between the full allowable cost and the amount paid by other parties up to the Medicare Part B rate.
- Allowable costs are limited to the Medicare reimbursement rates. This facility will accept payment of allowable costs as payment in full and not bill the patient. However, the full amount of the charges will be shown on the invoice so the difference can be computed as a program match.
- The laboratory will accept payment for liquid based Pap smears at a rate equivalent to the allowable rate for conventional Pap smear technology.
- The confidentiality of any health care information acquired by or provided to the provider shall be maintained in compliance with any applicable state or federal laws or regulations.

\*If a woman has VHAP, Medicaid, or Medicare Part B, Ladies First cannot reimburse for any services.

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**\*\* PLEASE ATTACH A COPY OF YOUR CURRENT CLIA '88 LICENSE \*\***

## CONDITIONS OF MAMMOGRAPHY FACILITY PARTICIPATION

I agree that this facility will meet the following Ladies First program requirements:

- Before providing services, require that patients present a Ladies First membership card for identification and mammogram prescription from provider.
- Provide screening mammograms (2 view film study of each breast) on all asymptomatic Ladies First patients referred by primary care providers under contract with Ladies First.
- Provide diagnostic mammograms for Ladies First patients with suspicious clinical or mammography findings who are referred by a Ladies First provider.
- Send reports using American College of Radiology final assessment categories (BI-RADSs) within 30 days of the procedure to the referring provider and to the Ladies First program.
- Participate in the state Mammography Registry.
- File insurance, Medicare, Medicaid, and other third party claims; hold bills until payment is received from these sources and only bill Ladies First the difference between allowable charges and the amount paid by other parties.
- Allowable costs are limited to the Medicare reimbursement rates. This facility will accept payment of allowable costs as payment in full and not bill the patient. However, the full amount of the charges will be shown on the invoice so the difference can be computed as a program match.
- Cost associated with computer assisted diagnosis procedures for mammograms will be written off. The patient shall not be billed. In the event the program is able to acquire funds to cover this procedure, providers will be reimbursed at the Medicare Part B rate, which shall be accepted as full payment. If the patient has insurance that pays up to or over the Medicare Part B rate (noted above), the provider shall accept as payment in full.
- The confidentiality of any health care information acquired by or provided to the provider shall be maintained in compliance with any applicable state or federal laws or regulations.

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

## CONDITIONS OF ANESTHESIOLOGY PROVIDER PARTICIPATION

I agree that this practice will meet the following Ladies First program requirements:

- Submit bills in a timely manner with accompanying CPT codes (outlined in the current Ladies First fee schedule). Insurance must be billed first and Ladies First bills should be held until payment is received. Ladies First will only be billed the difference between the usual and customary charges and the amount paid by other parties. The patient will not be billed.
- Program fees are based on the Medicare Part B reimbursement schedule. The provider agrees to accept payment of allowable costs as payment in full and not bill the patient. However, the provider agrees to show the usual and customary charges on the bill so the difference can be computed as a program match.
- The confidentiality of any health care information acquired by or provided to the provider shall be maintained in compliance with any applicable state and federal laws or regulations.

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**\*\* PLEASE ATTACH A COPY OF YOUR CURRENT LICENSE \*\***

## ATTACHMENT B

### PROVIDER IDENTIFICATION RECORD

#### SECTION 1 – PROVIDER DATA

Name: \_\_\_\_\_

(This is your name as it will exactly appear on your claim form)

UPIN Number: \_\_\_\_\_ License/Cert #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ CLIA Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

NABP Number: \_\_\_\_\_ DEA Number: \_\_\_\_\_ Fiscal Year End Month: \_\_\_\_\_

VT Medicaid Number: \_\_\_\_\_ SSN or IRS #: \_\_\_\_\_ ☐ SSN ☐ IRS #  
(This is your tax number for your 1099 form, please indicate if it is a SSN or IRS #)

#### SECTION 2 – CONTACT INFORMATION

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_  
REGARDING THIS FORM

#### SECTION 3 - PROVIDER ADDRESS INFORMATION

##### SERVICE ADDRESS

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

ADDITIONAL SERVICE ADDRESS (If you have more than one additional service location, please include them on an additional sheet of paper.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SECTION 3 - PROVIDER ADDRESS INFORMATION (CONTINUED)

PAY TO ADDRESS (For remittance advice)	MAIL TO ADDRESS (For correspondence and newsletters)
Name: _____ Address: _____ _____ City: _____ State, Zip: _____ Phone: _____ Email Address: _____	Name: _____ Address: _____ _____ City: _____ State, Zip: _____ Phone: _____ Email Address: _____
LEGAL ADDRESS (This is the name and address that will appear on your 1099)	BILLING SERVICE
Name: _____ Address: _____ _____ City: _____ State, Zip: _____ Phone: _____ Email Address & Fax Number: _____	Name: _____ Address: _____ _____ City: _____ State, Zip: _____ Phone: _____ _____ Email Address: _____

**Please send the Ladies First Provider News gram via:**    ☐ **Fax**                      ☐ **E-mail**                      ☐ **Mail**

### SECTION 4 - MEDICAL OR CLINICAL SPECIALTIES

SPECIALTY	EFFECTIVE DATE	BOARD CERTIFIED	DATE OF CERTIFICATION
		YES_____ NO_____	
		YES_____ NO_____	

**\*\*All applicants who are physicians, nurse practitioners, dentists, doctoral-level psychologists & social workers, or individual DME providers (prosthetics) must complete this section if applicable.\*\***

Taxonomy Codes \_\_\_\_\_

SECTION 5 – TERMINATION/CONVICTION/SANCTION INFORMATION

Answer the following, as required by state regulations. Have either you or any employee or person in whom you have a controlling interest, or any person having a controlling interest in you, been convicted of a crime related to, or terminated from federal or state medical assistance programs?

☐ YES

☐ NO

Have either of you or any employee been suspended or disciplined either in this or some other state?

☐ YES

☐ NO

Either yes, explain

## SECTION 6 - GROUP AFFILIATION

PROVIDER NAME: \_\_\_\_\_

PROVIDER NUMBER: \_\_\_\_\_

Enter below the individuals or groups with whom you are affiliated.

NAME	*EFF DATE	PROVIDER #	Currently Affiliated Yes/No	If no indicate end date

\* PLEASE INDICATE DATE PROVIDER JOINED GROUP